



Re-Opening Guidelines for Guam Child Care Providers

This document summarizes current recommendations to operate in a manner that will help prevent the spread of novel coronavirus in your center. Note that references to centers or sites throughout the document are meant to apply to all child care providers, including providers of Group-Home care.

WHAT IS 2019 NOVEL CORONAVIRUS (COVID -19)?

• **The virus that causes COVID-19 is called “novel” because it has never before been seen in human beings.**

The full name of the virus is SARS-CoV-2. The illness caused by it is known as COVID-19. The first case of COVID-19 was seen in Wuhan, China at the end of 2019.

• **How does it spread?**

The virus is spread from person to person, mainly through droplets produced when an infected person coughs or sneezes. The virus can also be spread when an infected person touches their face and then an object that is touched by other people.

CREATING A SAFE ENVIRONMENT FOR CHILDREN AND CAREGIVERS

HOW CAN CHILD CARE CENTERS OPERATE SAFELY DURING THIS OUTBREAK?

Guam Childcare providers and ECE facilities must comply with these requirements:

- Child care must be carried out in stable groups of 12 or fewer (“stable” means the same 12 or fewer children are in the same group each day).
- Children shall not change from one group to another.
- If more than one group of children is cared for at one facility, each group shall be in a separate room. Groups shall not mix with each other.
- Child care providers shall remain solely with one group of children. In addition, facilities must follow standard guidelines to prevent spread, such as social distancing when it is feasible in a child care setting, handwashing, and surface cleaning.

WHAT IS SOCIAL DISTANCING?

- Social distancing is deliberately increasing the physical space between people to avoid spreading illness. A distance of at least 6 feet is required to prevent the spread of COVID-19.

HOW DO YOU CREATE SOCIAL DISTANCING IN AN EARLY CARE AND EDUCATION SETTING?

- Limit the number of children to no more than 12 children in a single classroom. This will minimize cross-contagion and promote distancing between children.
- Re-engineer classrooms to put six feet between children's activity stations, tables, and chairs.
- Eliminate or reevaluate your circle time and other activities that bring children close together and prevent the sharing of toys and materials. Instead, use a backpack or a large Ziplock bag for each child's individual materials.
- Stagger activities such as outdoor time or other breaks so no two groups are in the same place at the same time.
- Have lunch and/or meals in classrooms and avoid sharing tables whenever possible.
- Modify daily operations to minimize exposures (e.g. avoid the use of touchscreens for sign in/out, implement valet services to avoid parents coming into the child care center).
- Restrict visitors, including volunteers and parents/caregivers.

WHAT ARE SOME OPTIONS FOR INDIVIDUALIZED ACTIVITY?

- Early care and education are often based in group play, but during the COVID-19 outbreak, ECE providers are encouraged to emphasize individualized activities.
- Individualized activities may include coloring, painting, putting together puzzles, using building blocks or other activities children like to do alone.
- If children are seated apart from one another, some group activities that don't involve physical contact (singing, clapping games, storytelling) are also possible.

OUTDOOR PLAY

- Offer outdoor play in staggered shifts.
- If you can, have equipment for each separate group or disinfect equipment used before next group use.
- Always wash hand right after outdoor play time.
- Do not use structures such as climbers or slides.

RESTRICTED ACCESS

- Restricted access policies should be implemented restricting access in the childcare to enrolled children and employees of the center.
- Tours, special guests, fieldtrips and visitors outside DPHSS inspecting officers should be canceled.

THE IMPORTANCE OF HEALTH SCREENINGS AND GOOD HYGIENE

WHAT IS A HEALTH SCREENING?

- Screening for COVID-19 includes asking about symptoms of respiratory illness and wherever possible, a temperature check.
- Share the importance of health screenings with parents/caregivers to keep the early care and education setting safe.

WHEN SHOULD YOU DO A HEALTH SCREENING AND WHO SHOULD BE SCREENED?

- Start your day with health screenings for all staff and children on arrival.
- Ensure that plans to conduct health screenings address the needs of children who are challenged by physical touch and/or significant changes in their daily routine.
- If a staff member or child shows signs of respiratory illness, a fever of 100.4°F or above, a cough, or shortness of breath, they must leave the premises immediately.
- Staff, children, parents/caregivers, and visitors should be reminded regularly that they should stay home if they are ill, even with mild symptoms.

DROP-OFF AND PICK-UP

- Small groups should take turns with drop-off and pick-up times. This will help with physical distancing outside the facility or in front of the facility.
- Wash hands or use hand sanitizer before and after signing in and out. If you can, place hand sanitizer near sign in station. Hand sanitizer should be at least 60% alcohol and kept out of the reach of children.
- Parents should use their own pen when signing in. If check-in is electronic, provide alcohol wipes that have 70% alcohol in it and clean screens or keyboards often.
- Suggest families have the same adult drop off and pick up the child/children each day
- All children should receive a temperature check at a designated area outside the facility or in a lobby area away from classrooms.
- If possible, designate one child care staff to do temperature checks at arrival. Temperature of 100.4°F or above will not be allowed to stay.

CLOTH MASK

- Employees will be required to wear a cloth mask while working in the facility.
- All physical distancing guidance for child care facilities must still be followed, even if cloth face coverings are worn.
- Keep hands away from face while wearing cloth face coverings.
- Cloth face coverings should be washed with soap and dried between uses.
- For safety, children under 2 should not wear cloth face coverings.
- Face coverings are not for anyone who cannot take them off by themselves.

WHAT HYGIENE PRACTICES ARE NEEDED TO LIMIT THE SPREAD OF COVID-19 IN EARLY CARE AND EDUCATION?

- Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer. Try to make sure each person entering the site or any room in the site sanitizes their hands-on entry.
- Incorporate handwashing into daily site routines; teach children how to do a handwash thoroughly.
- Handwashing should take place at the beginning of the day, before and after meals, after outside play, after using the restroom, and before and after classroom activities that involve sharing supplies and materials and after coughing and sneezing.
- Handwashing should be supervised for children under 6. Sing the “Happy Birthday Song” twice in a row while children wash their hands to demonstrate 20 seconds.
- Routinely clean and disinfect all frequently touched surfaces and objects, such as doorknobs, banisters, countertops, toys, faucet handles, physical education equipment and manipulatives, and phones. *Please use cleaning products that meet EPA standards for infection control and follow the label directions.*

WHAT ARE HANDWASHING AND HAND SANITIZING BEST PRACTICES FOR STAFF?

- The entire handwashing process should take about 40-60 seconds. Wash hands thoroughly with soap and warm running water, scrubbing for at least 20 seconds. Dry hands completely using single-use towels.

WHAT PRODUCTS SHOULD BE USED TO CLEAN AN EARLY CARE AND EDUCATION SITE

- Proper cleaning and sanitizing protocols are essential to a safe environment for children. Regular cleaning and sanitizing of objects and surfaces have been shown to be effective in preventing the spread of COVID-19 and other viruses

(See <https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html>)

WHEN SHOULD STAFF OR CHILDREN STAY HOME?

WHEN SHOULD STAFF STAY HOME?

- Staff must stay home when they are sick with symptoms of respiratory illness such as fever and cough. Remind staff that they must remain at home and not return to the ECE facility for a minimum of 7 days after onset of symptoms AND until their symptoms are gone AND they are free of fever for at least 72 hours without fever-reducing medication.
- A health care provider's note is NOT required for employees (or children) who are sick with acute respiratory illness to stay at home or to return when they have recovered. Healthcare providers are extremely busy and may not be able to provide documentation in a timely way, given the demands of patient care.

WHAT SHOULD A CHILD CARE FACILITY DO IF A CHILD BECOMES SICK?

- Remind parents to update their emergency contact information regularly so site staff can get in touch quickly if they need to. When a child does show signs of illness, they will need to be picked up immediately.
- Children who develop symptoms of illness after drop-off at an ECE site should be separated from others right away, preferably in a sick room through which others do not enter or pass. The child should remain in isolation until they can go home.
- If possible, place a surgical mask on a child with fever and/or cough as soon as possible after moving them to the sick room.
- Due to their elevated risk, it is important to ensure that plans account for the needs of any child with special health care needs and the needs of staff who are over 65 and/or have chronic conditions. Staff who are pregnant should also be vigilant about avoiding infection. If at all possible, staff in one of these categories should be exempted from care of any child who shows signs of sickness.

WHAT STEPS SHOULD A CHILD CARE FACILITY TAKE IF A CHILD TESTS POSITIVE FOR COVID-19?

- Plan in advance. Have a contingency plan in place that outlines what the center/family child care will do if you have a positive case of COVID-19. Share the plan with staff, as well as parents/caregivers.
- Close the child care center/family child care home for a period of time. The length of time will be determined by the Department of Public Health based on the date(s) of exposure and the risk level.
- Identify adults or children who may have had contact within 6 feet of the ill individual for more than 10 minutes after symptoms appeared or those who may have had unprotected direct contact with body fluids or secretions of the ill individual after symptoms appeared. Body fluids or secretions include saliva, sputum, nasal mucus, vomit, urine or diarrhea. Regardless of how long the facility remains closed, these people should home-quarantine for 14 days from the date of the contact. If any of them develop a fever, cough or shortness of breath while in quarantine, they should follow the return to work guidelines (7 days after symptoms started AND 3 days after fevers have resolved and symptoms improved.). If the site learns of a confirmed case

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of COVID-19 with potential exposure of staff or children contact the Department of Public Health for consultation and guidance before communicating with all staff and families. Visit our website, publichealth.lacounty.gov, for accurate information that can be used for your communications.

- Note that while all parents/caregivers and staff should be informed of a confirmed case of COVID-19 in someone connected to the facility, it is not legal to share the name of the infected individual. It may not be hard for children or staff to guess who the person is, but that is different from an intentional release of private medical information about someone.

ARE THERE OTHER REASONS A CHILD SHOULD STAY HOME?

- While the virus seems to be most contagious when the infected person is clearly ill, some individuals may infect others even when they don't have obvious symptoms or any symptoms at all.
- Given that risk, children who have been exposed to someone who has respiratory illness should remain home for 14 days to see if they also develop symptoms of illness. Home quarantine of an exposed child reduces the chance of spread to other children and staff. If no symptoms appear within 14 days, the child may return to the ECE site.
- Let parents know that when children are at home, they should maintain social distance (6 feet) from sick household members. Emphasize the importance of good prevention hygiene for all.

LEADING A CENTER/FAMILY CHILD CARE CLOSURE PLAN

WHAT SHOULD FAMILIES BE TOLD IF A SITE HAS TO CLOSE?

- Communication plans for facility closure should include outreach to parents, authorized guardians, staff, and the community.
- Provide guidance to parents, teachers, and staff reminding them of the importance of social distancing and other preventive measures while the facility is closed.
- Emphasize the importance of home quarantine to avoid spread among children and their families in case one or more have contracted COVID-19.
- Consult with the Department of Public Health to determine the timing of return for children and staff, and if any additional steps are needed for the Child care facility to reopen.

WHAT ELSE SHOULD BE DONE IF THE SITE HAS TO CLOSE?

- If the site must close, DPHSS should be notified immediately. They will provide guidance about the next steps.
- Share critical health information with children and families, while working with Public Health to protect patient confidentiality.

You can find more information and supplemental guidance recommended by CDC <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>